



**STATE OF NEVADA**

**BOARD OF DISPENSING OPTICIANS**

4600 Kietzke Lane, B-116, Reno, NV 89502-5036 • Telephone 775 / 688-3766 • Fax 775 / 688-3767

Email: [nvbdo@govmail.state.nv.us](mailto:nvbdo@govmail.state.nv.us) • Website: [www.nvbdo.nv.us](http://www.nvbdo.nv.us)

**Ophthalmic Dispenser License Renewal Application**  
**Complete Renewal Application, Fee, and CECs Are Due by January 31, 2015**

Please complete the attached form, then print, sign, and mail it with your renewal fee and continuing education credits (CECs) to the board office no later than January 31, 2015. **If your application is postmarked after January 31, 2015, your license is delinquent and it is illegal for you to engage in ophthalmic dispensing.**

Make your check or money order payable to:  
**Nevada Board of Dispensing Opticians**

Mail your application to:  
**4600 Kietzke Lane, Suite B-116, Reno, NV 89502**

**Renewal Requirements for Ophthalmic Dispensers**

1. Completed application
2. Fee: \$300 (\$600 for applications postmarked after January 31, 2015)
3. Fourteen (14) units of board-approved continuing education credits. A maximum of seven (7) credits may be online course credits. A maximum of seven (7) credits may be spectacle-only course credits.

\*If you passed your optical exam or the exam to upgrade to an ophthalmic license in March or September of this year, you do not need to provide continuing education credits (or more than the 12 originally required) until next year's renewal.

**Renewal Requirements for Limited Ophthalmic Dispensers**

1. Completed application
2. Fee: \$200 (\$400 for applications postmarked after January 31, 2015)
3. Twelve (12) units of board-approved continuing education credits. A maximum of six (6) credits may be online course credits.

**Questions?**

If you have any questions regarding the renewal process or your licensure, please email us at:  
[NVBDO@state.nv.us](mailto:NVBDO@state.nv.us)

**\* Please note: Incomplete applications will be returned to sender. This can greatly delay the processing of your application. Please ensure your application is complete and correct prior to mailing to the board office.**

# Licensed Ophthalmic Dispenser Renewal Application

## Page 1 – Personal Information

To have your license renewed, you must fill out this form completely. Do not leave blank spaces. If you are omitting any information, use the space(s) to indicate a reason for the omission. Please star (\*) any information that has changed since your previous renewal.

Name (as it appears on your license: \_\_\_\_\_ License # \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

**\*\*The board is required to keep a public address on file for each licensee. If you have provided the board with a work address, that will be used as your public address by default. If not, your home address will be used unless you include written notice with this application and an alternate address\*\***

**\*\*Check here \_\_\_\_\_ and initial here \_\_\_\_\_ if you would like your home address made public to outside organizations that provide educational opportunities, such as CE courses.\*\***

### **Screening Questions**

*These questions are required to fulfill the informational requests of multiple state agencies. None of the information you provide will be made public by the board.*

Nevada Business License # (must provide only if you own an optical business): \_\_\_\_\_

Have you ever served in the military?

**Yes      No**

Please list any military occupational specialties:

Branches of service (check all that apply):

Army/Army Reserve

Marine Corp/Marine Corp Reserve

Navy/Navy Reserve

Air Force/Air Force Reserve

Coast Guard/Coast Guard Reserve

National Guard

Please list your dates of service:

\_\_\_\_\_

**\*If you answer yes to any of the following screening questions, please attach a written explanation.**

Are you subject to a court order requiring you to pay support for one or more children? **Yes      No**

If yes, are you in compliance with that court order? **N/A      Yes      No**

Has your occupational or professional license or privilege to practice, or certification/registration of any kind ever had any disciplinary action taken or initiated against it in any jurisdiction? *Does not include driver's license or car registration.* **Yes      No**

Have you ever had a criminal conviction, whether misdemeanor or felony, or a civil judgment rendered against you? *Does not include minor traffic violations.* **Yes      No**

Name: \_\_\_\_\_ License # \_\_\_\_\_

## Licensed Ophthalmic Dispenser Renewal Application

### Page 2 – Work Information

**Please note:** A licensed optician may be supervisor of record for a total of two apprentices at all locations. You may not directly supervise more than two apprentices at any one time.

**Business/Employer Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Ophthalmic Manager \_\_\_\_\_ License # \_\_\_\_\_

**Business/Employer Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Ophthalmic Manager \_\_\_\_\_ License # \_\_\_\_\_

**Business/Employer Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Ophthalmic Manager \_\_\_\_\_ License # \_\_\_\_\_

**Name your apprentices of record below. You may have a total of two.**

Apprentice Name \_\_\_\_\_ License # \_\_\_\_\_

Apprentice Name \_\_\_\_\_ License # \_\_\_\_\_

**\*I affirm (swear) that I have read this form and the statements made are true and correct.**

**\*\* I agree to waive my right to legal notice should my application and accompanying materials require board review at a public meeting.**

**Your Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\*The Board reserves the right to verify any and all information provided on this form as it deems necessary. Providing false or misleading information to the Board may be grounds for disciplinary action pursuant to NRS Chapter 637 and/or NAC Chapter 637.

\*\*Per Nevada Open Meeting Law provision NRS 241.033(l)(a) and (b), you must receive notice of the time and place of the meeting during which the Board will consider your application. The notice must be served personally to you at least 5 working days, or via certified mail at least 21 working days, before the meeting date. By signing and submitting this renewal application, you are agreeing to waive your right to such notice should your application require board review and decision at a public meeting.

Name \_\_\_\_\_ License # \_\_\_\_\_

**Licensed Ophthalmic Dispenser Renewal Application**  
**Page 3 – Proof of Continuing Education**

**2015 Renewal Credits:** Please list all the CE credits you wish to apply to your **2015 Renewal**.

**Important!** *Do not list credits you want to roll over to next year's renewal or send in rollover credit CE slips – turn in rollover credits at the time you want them applied to your renewal. Excess credit slips will be returned to you. You may "split" the credits for a single CE course (i.e. apply some credits this year and the remainder next year). List this course at the bottom under "Split Credit".*

	Course Title	Date	School/Company	# of Credits	(May check both)	
					Contact Lens Credit	In-class Credit
1.	_____	_____	_____	_____		
2.	_____	_____	_____	_____		
3.	_____	_____	_____	_____		
4.	_____	_____	_____	_____		
5.	_____	_____	_____	_____		
6.	_____	_____	_____	_____		
7.	_____	_____	_____	_____		
8.	_____	_____	_____	_____		
9.	_____	_____	_____	_____		
10.	_____	_____	_____	_____		
11.	_____	_____	_____	_____		
12.	_____	_____	_____	_____		
13.	_____	_____	_____	_____		
14.	_____	_____	_____	_____		
Split credit: you may split credits for 1 course:				# of Credits to be applied <i>this year</i>		
	_____	_____	_____	_____		

**2014 Renewal CE Credits:** \_\_\_\_\_/14 Total ( \_\_\_\_\_/7 Contact Lens \_\_\_\_\_/7 In-class)

*\*If you are splitting credits, you will receive a credit slip from the board office for next year. You **must** keep this slip for next year's renewal.*